



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF LICENSING AND REGULATORY SERVICES**  
**Medical Use of Marijuana Program**  
Employee Application

<b>SECTION 1: Employee Information</b>		New <input type="checkbox"/>	Employee <input type="checkbox"/>
		Renewal <input type="checkbox"/>	Board Member <input type="checkbox"/>
			Principle Officer <input type="checkbox"/>
Legal Name: _____			
Date of Birth: (Must be at least 21)		Telephone No.: (      )	
Home Address: _____			
City: _____	State: _____	Zip: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____	

<b>SECTION 2: Fees</b>	
<input type="checkbox"/> Employee Fee: \$25	\$ _____
<input type="checkbox"/> Criminal Background Check: \$31.00 (Mandatory Annually)	\$ _____
Total Fees: \$56	\$ _____
<b>All fees are non refundable (Section 7.1 MMMP Rules)</b>	
Make check or money order payable to "Treasurer, State of Maine". Do not send Cash. Credit Cards are not accepted at this time.	
<b>Total Check/Money Order enclosed: =</b>	
\$ _____	

<b>SECTION 3: Renewals Only</b>	
1. Registration # _____ Control # _____	

*For questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services  
Licensing and Regulatory Services  
Maine Medical Use of Marijuana Program  
41 Anthony Ave; 11 State House Station  
Augusta, ME 04333-0011  
Tel: (207) 287-4325      Fax: (207) 287-2671  
Toll Free: 1-800-791-4080      TTY users call Maine relay 711  
Email: [medmarijuana.dhhs@maine.gov](mailto:medmarijuana.dhhs@maine.gov)

<b>Office Use Only:</b>				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

**SECTION 4: Employer Information**

Legal Name of Employer:

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: (       )

Email Address:

**SECTION 5: Submission**

Submit the following documents with your completed application:

- A check or money order made payable to "Treasurer, State of Maine"
- Copy of the employees current Maine Driver's License or Other Maine Issued Photographic Identification Card

**SECTION 6: Declaration**

- I UNDERSTAND and acknowledge my duties as an employee under the laws and regulations governing the Maine Medical Use of Marijuana Program.
- I AGREE that in the event that law enforcement questions my status as an employee, I must provide my state issued MMMP card.
- I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the MMMP identification card.
- I DECLARE under penalty of perjury that the information provided on this form is true and correct.
- I UNDERSTAND that I must submit a new employee application each time I apply for a card and/or renew a card.
- I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- I UNDERSTAND that as a registered employee, I am not authorized to conduct myself as a caregiver with all benefits and responsibilities associated with such designation.
- I UNDERSTAND that all fees are nonrefundable (Section 7.1 MMMP Rules)

\_\_\_\_\_  
**Print name of Employee**\_\_\_\_\_  
**Signature of Employee**\_\_\_\_\_  
**Date**